



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL OF BREMEN

City of Hospital: Bremen

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Aubrey Lint

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Medicare Provider Number: 15-1300

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6796229
Outpatient Patient Service Revenue	\$29563364
<b>Total Gross Patient Service Revenue</b>	<b>\$36359593</b>

2. Deductions From Revenue

Contractual Allowance	\$16760099
Other Deductions	\$353284
<b>Total Deductions</b>	<b>\$17113383</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$19246210
Other Operating Revenue	\$503666
<b>Total Operating Revenue</b>	<b>\$19749876</b>

4. Operating Expenses

Salaries and Wages	\$8374545	Employee Benefits	\$1957357
Depreciation and Amortization	\$1065367	Interest Expense	\$524055
Bad Debt	\$538935	Other Expenses	\$8124787
<b>Total Operating Expenses</b>	<b>\$20585046</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-835170	Total Assets	\$18990000
Net Non-operating Gains over Loss	\$43554	Total Liabilities	\$18990000

Total Net Gains	\$-791616
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$18361846	\$8212106	\$10149740
Medicaid	\$3907856	\$3017782	\$890074
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$14089891	\$5530211	\$8559680
Total	\$36359593	\$16760099	\$19599494

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$20000	\$-20000

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$2255	\$5124	\$-2869
Community Education	\$0	\$3110	\$-3110

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$172002
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$94828	
HCI Payments	\$0		
Subtotal	\$0	\$94828	\$-94828
Medicaid Shortfalls	\$890073	\$2154480	
Subtotal	\$890073	\$2249308	\$-1359235
DSH Payments	\$0		
Subtotal	\$890073	\$2249308	\$-1359235
Medicare Shortfalls	\$10149764	\$10123269	
Other Government Programs	\$0	\$0	
Total	\$11039837	\$12372577	\$-1332740

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1369269	\$3071120	\$-1701851
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$15513	\$-15513
Other Allocations	\$0	\$0	\$0

Comments

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